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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/486,713 07/11/2003
 and claims benefit of 60/459,501 04/01/2003
 and claims benefit of 60/456,608 03/21/2003
 and claims benefit of 60/456,027 03/18/2003
 and claims benefit of 60/441,335 01/21/2003
 and claims benefit of 60/437,516 12/30/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/09/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 15	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

PHARMACEUTICAL PROPYLENE GLYCOL SOLVATE COMPOSITIONS

FILING FEE RECEIVED 1263	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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